Name in Full: Mrs Rose Adams.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodville — County: Co. Govo

Date of death 1904: Month: 1 — Day: 8 — Age: Years: 74 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Charles Co

Married, Single or Widowed: Widow — Occupation: Housewife

Name of Wife or Husband: John B Adams

Father's Name: Samuel Barkley — Father's Birthplace: —

Mother's Maiden Name: Teresa Jameson — Mother's Birthplace: Charles Co

Name of person giving In formation: M E Morris — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease — How long: 1 yrs

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W Mumford Brown

Address: Aquasco Md

Accident or Suicide? No

LIBRARY BUREAU A88918

Name in Full: Sadie May Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forestville — County: Prince George

Date of death 1904: Month: Jan — Day: 9 — Age: Years: — Months: 7 — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm T Anderson — Father's Birthplace: Md

Mother's Maiden Name: Bertie V. Jarman — Mother's Birthplace: Md

Name of person giving Imformation: Wm T Anderson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe — How long: 1 week

Immediate: Enteritis — How long: 24 hrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E. Sandling

Address: Forestville Md.

Accident or Suicide? —

LIBRARY BUREAU Aboc 16

Name in Full — Certificate of Death

Philip A. Bier

Died at Town: Hyattsville, County: Prince George's, MARYLAND

Date 1904 Month: Jan Day: 26 | Age Y. 69 M. — D. — | Native of Hesse Ca. | Occupation retired

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 4

Husband of Wife: Mary Ellen Bier

Father's Name: Jacob Bier | Mother's Maiden Name: Mary Welch

Cause of Death — Primary: Apoplexy | How long sick: 6 days

Immediate | Accident, Suicide, Homicide

Reported by: Alexander M D

Address: Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

George H. Burkett

Certificate of Death

Died at Town: C. Springs County: P.G. MARYLAND

Date 1904 Month: Jan Day: 19 Age: Y. 71 M. D. Native of: Md. Occupation: Farmer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living 7

Husband of Wife

Father's Name: Unknown Mother's Name: Unknown

Cause of Death — Primary: Apoplexy — Immediate:

How long sick: 10 hours.

~~Accident, Suicide, Homicide~~

Reported by: J. L. Waring

Address: Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Edna L. Collier

Town

County

Died at Riverdale

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904 Jan.	28	Age 10	4	18	Wash. D.C.	

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower Number of children living 1 6

Husband of

Wife

Father's Name N. L. Collier

Mother's Maiden Name Maud M. Hicks

Cause of Death: Primary Peritonitis — How long sick 10 days

Intermediate

Accident, Suicide, Homicide

Reported

Address

Dr. Richardson Hyattsville Md.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full Unnamed infant of Mary J. Cooper Certificate of Death

Died at Town Silver Hill County Pr. Geo - MARYLAND

Date 1894 Month Jan - Day 23 | Age D. 6 Native of md Occupation none

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Abe Washington Mother's Name Mary J Cooper

Cause of Death: Primary ~~Hereditary~~ Congenital Debility How long sick Life

~~Immediate~~

~~Accident, Suicide, Homicide~~

Reported by R. R. Pyles

Address Suitland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full: Ruth Curtin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brandywine. County: Prince George's

Date of death: Month: 1 Day: 24 1904

Age: Years: — Months: 7 Days: —

Sex: female Color or Race: Colored Birthplace: Md.

Occupation: — Where Residing if not at place of death: Brandywine.

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: Mary Curtin 93 Mother's Birthplace: Brandywine

Name of person giving Imformation: Susan Curtin How related to deceased: Aunt.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia. How long: 5 days.

Immediate: Convulsions How long:

Are the name, age, sex, color, date and place correctly given above? yes

Accident or Suicide?

Signature of ~~Physician~~ J.P. William H. Squires J.P.

Address: Brandywine. Pr. Geo. Co. Md.

LIBRARY BUREAU A26516

Name In Full Rosa Deuce

Certificate of Death

Died at Hadlesburg (Town) Prince Geo. (County) MARYLAND

Date 1904 Month Jan Day 30 | Age Y. 4 M. — D. 7 | Native of m.d. | Occupation none

~~Male~~ Female | ~~White~~ colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living —

Husband of
Wife —

Father's Name Archie Deuce | Mother's Maiden Name Henrietta Smith

Cause of Death: Primary Tuberculosis — How long sick 3 months

Immediate — Accident, Suicide, Homicide

Reported by W. L. Parker

Address Hyattsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895

Name in Full: Emma Victoria Diggs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Halls; County: P. George

Date of death 190: Month: 4 Jan; Day: 7; Age: Years: 2; Months: 11; Days:

Sex: Feminum; Color or Race: Colored; Birthplace: Halls

Married, Single or Widowed: —; Occupation:

Name of Wife or Husband: —

Father's Name: Alexandr Diggs; Father's Birthplace: Halls

Mother's Maiden Name: Eleanor Gordon; Mother's Birthplace: Halls

Name of person giving In formation: Alexandr Diggs; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

Immediate: Convulsions

How long:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide?

Signature of Physician: Maclain Cawood M.D.

Address: Halls P. Geo Co, Maryland

LIBRARY BUREAU A883.6

Name in Full: John Edward Diggs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marlboro' County: P.G.

Date of death: 1904 Month: 1 Day: 5 Age: Years: 2 Months: 5 Days:

Sex: Male Color or Race: Col. Birthplace: Marlboro'

Occupation: Where Residing if not at place of death: Marlboro' Md

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Charles Diggs Father's Birthplace: Md.

Mother's Maiden Name: Harriett Diggs Mother's Birthplace: Md

Name of person giving Imformation: Charles Diggs How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 3 weks

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. A. Griffith

Address: Upper Marlboro, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Catherine Gladden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Newark — County: Pr. Georges

Date of death 190 4 — Month: 1 — Day: 28 — Age: Years: — Months: 6 — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Pr. Georges

Married, Single or Widowed: — — Occupation:

Name of Wife or Husband: —

Father's Name: William Gladden 93 — Father's Birthplace: Pr. Geo.

Mother's Maiden Name: Louisa Gladden — Mother's Birthplace: Pr Geo.

Name of person giving Information: Thomas E. Young — How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 4 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: N. Talley M.D.

Address: Piscataway Md.

Accident or Suicide:

LIBRARY BUREAU A6851G

Name in Full

Certificate of Death

Martha Ann Ferguson

Died at Town: Beltsville County: P.G. MARYLAND

Date 1941 Month: 1 Day: 23

Age Y. 46 M. 7 D.

Native of Maryland Occupation Housewife

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower Divorced

Number of children living 5

~~Husband~~ Wife of Clay Ferguson

Father's Name Alexander Shannon

Mother's Name Ann Shannon

Cause of Death: Primary Phthisis Pulmonalis

How long sick 2 years

Immediate Paralysis of respiration

~~Accident, Suicide, Homicide~~

Reported by M. R. Latimer M.D.

Address Bowie RD

~~Must~~ be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Maryland

LIBRARY BUREAU, 79898

Name in Full: Lillie May Fowler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Meadows — County: Pr. Ges.

Date of death: Month: Jan — Day: 5 — Years: 13 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Meadows

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Fowler 20 — Father's Birthplace: Pr. Ges. Co Md

Mother's Maiden Name: Richardson — Mother's Birthplace: " " "

Name of person giving information: James Fowler — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Septicaemia — How long: 3 mos

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. L. Griffith

Address: Marlboro Md

Accident or Suicide?

upper

LIBRARY BUREAU A80816

Name in Full: George N French

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore — County: Prince Georges

Date of death 190: Month: Jany — Day: 26 — Years: 69 — Months: 8 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Merchant — Where Residing if not at place of death: Baltimore

~~Married~~ Single or Widowed — Name of Wife or Husband: amelia French

Father's Name: William French — Father's Birthplace: New York

Mother's Maiden Name: Nancy Willson — Mother's Birthplace: Md

Name of person giving Information: ~~Sister~~ Virginia — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility — How long: 4 month

Immediate: Grip — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C A Fox

Address: Baltimore Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Richard Grayson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Childs County: Prince Georges

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904: Month: Jan Day: 27 Years Age Months: 3 Days

Sex: M Color or Race: Colored Birthplace: Childs Md.

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name: John Grayson Father's Birthplace: Va

Mother's Maiden Name: Lizzie .. Mother's Birthplace: Va

Name of person giving In formation: John Grayson How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pertussis How long: 2 weeks

Immediate: Pneumonia How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Alfred T. Parsons

Address: Takoma Park, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Susan Gustine Harrison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Largo; County: Prince George

Date of death 1904: Month: January; Day: 22

Age: Years: 7; Months: 2; Days: 15

Sex: Female

Color or Race: Colored

Birthplace: Deak Pleasant

Married, Single or Widowed: —

Occupation:

Name of Wife or Husband: —

Father's Name: Frank Harrison

Father's Birthplace: Halls, Md

Mother's Maiden Name: Lucy Diggs

Mother's Birthplace: Halls Md

Name of person giving Information: Frank Harrison

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Measles followed by Dropsy

How long: 1/2 Months

Immediate: Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician: Maclane Cawood, M.D.

Address: Halls, Pr. George Co., Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A83918

Name in Full: Mary Hebron

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Easton — County: Pr Geo

Date of death 190 4: Month: June — Day: 29

Age: Years: 2 — Months: — — Days: 10

Sex: Female — Color or Race: Colored — Birthplace: Pr Geo Co

Married, Single or Widowed: — Occupation: — ' ·

Name of Wife or Husband: —

Father's Name: Wm Hebron — Father's Birthplace:

Mother's Maiden Name: Susie Hilton 93 — Mother's Birthplace: Md.

Name of person giving Information: Susie Hebron — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 9 days

Immediate: cardiac arrest — How long: 9 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W F Taylor M D

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A888 16

Name in Full: Susan Ann Hrickell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: J B — County: Pr. Geo

Date of death 1904	Month	Day	Years	Months	Days
	1	4	Age 83		

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: L B.

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: J B Gwynn — Father's Birthplace: 79.

Mother's Maiden Name: Ann Dyer — Mother's Birthplace:

Name of person giving Imformation: Wm St Clair Huskell — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart - disease — How long: Year

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: John A. Cox MD

Address: L B. Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Martha Henson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fort Washington — County: Prince Georges

Date of death 1904	Month	Day	Age: Years	Months	Days
	1	4	30	—	—

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female	Color or Race: Colored	Birthplace: St Mary's	
Married, Single or Widowed: Married	Occupation: Housewife		
Name of Wife or Husband: Edward Henson			
Father's Name: James Bowling		Father's Birthplace: St. Mary's	
Mother's Maiden Name: Charity Bowling		Mother's Birthplace: St. Mary's	
Name of person giving information: Harry Bowling		How related to deceased: Brother	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Spine		How long: 1 year
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: H. A. Bailey M.D.	
	Address: Piscataway Md	
Accident or Suicide?		

LIBRARY BUREAU A68516

Name in Full: Nelson Howe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Baltimore — County: Queen Anne's

Date of death 190 4: Month: January — Day: 12 — Years: Age about 60 — Months: — — Days:

Sex: Male — Color or Race: Black — Birthplace: Unknown

~~Married, Single~~ or Widowed — Occupation: Farmer

Name of Wife or ~~Husband~~: Mary Howe

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: " — Mother's Birthplace: " "

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Name of person giving Information: Miss Beaman — How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: about one week

Immediate: Congestion Lungs — How long:

Are the name, age, sex, color, date and place correctly given above? Part of my knowledge

Signature of Physician: L. A. Fox

Address: Baltimore Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Robert Hanson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arme — County: Dr. Isle

Date of death 1904: Month: 1 — Day: 18 — Age: Years: 63. — Months — Days

Sex: Male — Color or Race: Colored — Birthplace

Married, ~~Single~~ or ~~Widowed~~: Single — Occupation: Laborer

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: R. F. Naylor — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long

Immediate: Uraemic Poisoning — How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Mon Ford Brown

Address: Aquasco Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Annie Hyde

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baden; County: Pr Geo

Date of death: Month: Jan; Day: 2; 1904

Age: Years: 76; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace:

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: Henry Hyde - dead

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation: J a Hyde 1-5-4.

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senisle

How long: 10 or 2 years

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Gibbons

Address: Crown md

Accident or Suicide?

LIBRARY BUREAU A98618

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sekeland — County: Prince George

Date of death 1904 — Month: January — Day: 2

Age — Years: ~~2 Days~~ — Months: 21 — Days:

Sex: Female — Color or Race: negro — Birthplace: Sekeland

~~Married~~, Single or ~~Widowed~~ — Occupation: none

Name of Wife or Husband:

Father's Name: Tomas Johnson — Father's Birthplace: Baltimore

Mother's Maiden Name: ~~Howard County~~ Lilly Thals — Mother's Birthplace: Howard Co

Name of person giving In formation: Lilly Alg Johnson — How related to deceased: Parents

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Natural Causes Ds — How long:

Immediate: — How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? Jes

Signature of Physician: Ezra C Funderburk M.D.

Address: Sekeland Md

Accident or Suicide?

LIBRARY BUREAU A55515

Name in Full: Anna McMahon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Collington — County: Prince Georges

Date of death: Month: July — Day: 12 — Year: 1904

Age: 73 — Months — Days

Sex: Female

Color or Race: White

Birthplace: Ireland

Occupation: Housewife

Where Residing if not at place of death: ——

Married, Single or Widowed: Widow

Name of Wife or Husband: John McMahon

Father's Name: Dont Know

Father's Birthplace: Ireland

Mother's Maiden Name: Dont Know

Mother's Birthplace: Ireland

Name of person giving Information: Martin Flaherty

How related to deceased: None

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Hemorrhage — How long: 2 hours

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Nelson A Rymond MD

Address: Bowie Md

Accident or Suicide?

LIBRARY BUREAU A28816

Name in Full

Certificate of Death

Annie B. Ogden

Town

Died at Allentown

County

P. G.

MARYLAND

Date 1904 Month Jan Day 26 | Age Y. 3 M. — D. — | Native of Md | Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name John W. Ogden

Mother's Name Virginia Doy

Cause of Death: Primary Pneumonitis following Measles

How long sick 3 weeks

Immediate Congestion Brain

~~Accident, Suicide, Homicide~~

Reported by J. L. Mowing

Address Allentown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: John E. Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Croom; County: P. G.

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
190 4	Jan	6	Age 42		

Sex: Male

Color or Race: Yellow

Birthplace:

Occupation: Farming

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or ~~Husband~~: Alice Newman

Father's Name: Leigh Robinson

Father's Birthplace:

Mother's Maiden Name: Mary Savoy

Mother's Birthplace:

Name of person giving Information: Thomas Proctor

How related to deceased: Bro-in-law

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long: Some time

Immediate: Uraemia — How long: Week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Gibbons

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Fredrick Simpson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel. County: Pr. George

Date of death: 190 4 Month: Jan. Day: 2 2

Age: Years: 5 9 Months: — Days: —

Sex: Male Color or Race: Caucasian Birthplace: Pr. George Co

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Rebecca Simpson

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Imformation: How related to deceased:

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobar Pneumonia How long: One week

Immediate: Heart failure How long:

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: Marion Linwood, MD

Address: Hallo Maryland

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Thomas Smallwood

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bladensburg — County: Prince George

Date of death 1934: Month: Jan — Day: 30 — Age: Years: 66 — Months: — — Days: —

Sex: Male — Color or Race: colored — Birthplace: D.C.

Married, Single or Widowed: married — Occupation: Laborer

Name of Wife or Husband: Eliza Smallwood

Father's Name: Thomas Smallwood — Father's Birthplace: M.D.

Mother's Maiden Name: Dont Know — Mother's Birthplace: M.D.

Name of person giving information: Eliza Smallwood — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's & Mitrial Regurgitation — How long: Dont Know

Immediate: Heart Failure — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. C. Peyton M.D.

Address: 2918 14th St N.W. Washington D.C.

Accident or Suicide?

LIBRARY BUREAU ABB516

Name in Full: George W. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: J.B. — County: P.G.

Date of death: Month 1 — Day 22 — Age: Years 58 — Months 11 — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: J.B.

Married, Single or Widowed: Married — Name of Wife ~~or Husband~~: Josephine Smith

Father's Name: James Watson — Father's Birthplace:

Mother's Maiden Name: Elizabeth Smith — Mother's Birthplace:

Name of person giving Information: J. Smith — How related to deceased: Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Erysipelas & Pneumonia — How long: 10 days

Immediate: Asphyxia — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: John A. Coe

Address: J.B. Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary A. Sullivan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel; County: Prince Georges

Date of death 1904: Month: 4 January; Day: 25 1/4; Age: Years: 70; Months: ; Days: 14

Sex: Female; Color or Race: White; Birthplace: Baltimore City

Married, Single or Widowed: Widow; Occupation:

Name of Wife or Husband: Edwin Sullivan

Father's Name: Tylerston Barnett; Father's Birthplace: Baltimore City

Mother's Maiden Name: Mary Ann Fay; Mother's Birthplace:

Name of person giving Information: J. V. O'Brien; How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cardiac Failure; How long: —

Immediate: —; How long: 2 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. H. Byers

Address: Laurel Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A68516.

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Near Beltsville — Town — County Prince Georges

Date of death 1904 — Month January — Day 19 — Age 65 — Years — Months — Days

Sex Male — Color or Race Colored — Birthplace Frederick County

Occupation Laborer — Where Residing if not at place of death Beltsville

Married, Single or Widowed Married — Name of Wife or Husband Agnes Taylor

Father's Name Jacob Taylor — Father's Birthplace Frederick Co

Mother's Maiden Name Dont Know — Mother's Birthplace Dont Know

Name of person giving information Willis Lewis — How related to deceased Son-in-law

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Valvular disease of Heart — How long 2 years

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Allen A Ryon MD

Address Bowie Md

Accident or Suicide?

LIBRARY BUREAU A 66516

Name in Full: Anne Ruth Brigham Todd

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annendale — County: Prince George

Date of death 1904: Month: January — Day: 8th — Age: Years: 77 — Months: — — Days: —

Sex: Female — Color or Race: white — Birthplace: Louisiana

Married / Single / Widowed — Occupation:

Name of Wife or Husband: Robt Barr Todd

Father's Name: L. H. Brigham — Father's Birthplace: Tennessee

Mother's Maiden Name: Julia Caldwell — Mother's Birthplace: North Carolina

Name of person giving Information: Selden Brooke Daniel — How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Bronchitis — How long: about one week

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C A Fox

Address: Baltimore Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88818

Name in Full: Benjamin F. Turbutt

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Cheltenham (County) Prince George's

Date of death 1904 (Month) January (Day) 31 (Years) Age 76 (Months) 4 (Days) 28

Sex Male. Color or Race White. Birthplace P. Geo. Co. Md.

Occupation Farmer. Where Residing if not at place of death

Married, Single or Widowed Single. Name of Wife or Husband

93

Father's Name John A. Turbutt. Father's Birthplace P. G. Co Md

Mother's Maiden Name Priscella W. Fairall. Mother's Birthplace Prince Geo's Co Md

Name of person giving Imformation Thos. R. Mudd. How related to deceased Nephew.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pneumonia. How long 3 or 4 days

Immediate. How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. H. G. Gibbons

Address Croom Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ralph Walker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hyattsville; County: Prince Geo

Date of death 1904: Month: Jan.; Day: 21

Age: Years: —; Months: 14; Days: —

Sex: Male; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Walker; Father's Birthplace:

Mother's Maiden Name: Mary E Reed; Mother's Birthplace:

Name of person giving information: Father; How related to deceased: Parents

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho-Pneumonia & Mes Colitis; How long: ten day

Immediate: Exhaustion; How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: N. T. Barnes

Address: 212 - Md. Ave. N.E.

Accident or Suicide?

LIBRARY BUREAU A6818

Name in Full: Chas L. West

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Croom Sta. County: P.G.

Date of death: Month: Jan Day: 12 Years: 5-9 Months: Days:

Sex: Male Color or Race: White Birthplace:

Occupation: Farming Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Imformation: How related to deceased:

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia How long:

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Gibbons

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mattie West

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Cheltenham County: P. G.

Date of death 1904 Month: Jan Day: 18 Age Years: 27 Months: . Days:

Sex: Female Color or Race: Colored Birthplace: P. G. Co

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: married Name of Wife or Husband: Dannee West

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Pinkney Father's Birthplace: Md

Mother's Maiden Name: Jos Wales Mother's Birthplace: "

Name of person giving Imformation: Lew Washington How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pelvic Peritonitis How long: 6 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Gibbons

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Williams Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bowie; County: Prince Georges

Date of death: Month: July; Day: 14; 1904

Age: Years: 11; Months: ; Days: 13

Sex: Male

Color or Race: Colored

Birthplace: Bowie

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Thomas Williams

Father's Birthplace: Maryland

Mother's Maiden Name: Anna Cuton

Mother's Birthplace: Maryland

Name of person giving Information: Anna Williams

How related to deceased: Mother

93

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Pneumonia — How long: one week

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Nelson A Ryan M D

Address: Bowie

Accident or Suicide?

1.

LIBRARY BUREAU A66013

Name in Full: Sarah A. Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Marlboro — County: Pr. Geo

Date of death 1904 — Month: Jan — Day: 20

Age — Years: 68 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Prince Geo Md

Occupation: Housewife — Where Residing if not at place of death: Marlboro

Married, Single or Widowed: Married — Name of Wife or Husband: J. W. Wilson

Father's Name: Gibbons — Father's Birthplace: Md

Mother's Maiden Name: 95 — Mother's Birthplace: Md

Name of person giving information: Mrs S. W. Wilson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Congestion of Lungs — How long: 36 hrs

Immediate: — — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. A. Griffith

Address: Upper Marlboro Md

Accident or Suicide?

LIBRARY BUREAU A3U616

Name in Full: Thomas William Gray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson | County: Co. Baltimore

Date of death 190 4 | Month: 1 | Day: 7 | Age — Years: — | Months: 6 | Days: —

Sex: Male | Color or Race: Colored | Birthplace: Towson Md.

Married, Single or Widowed: — | Occupation:

Name of Wife or Husband: —

Father's Name: Thomas E. Gray | Father's Birthplace: Balto. Md.

Mother's Maiden Name: Sarah Gladden | Mother's Birthplace: "

Name of person giving In formation: Thomas E. Gray | How related to deceased: Father

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: | How long:

Immediate: Pneumonia | How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician: Harry Kelly M.D.

Address: Pikesville Md.

Accident or Suicide?

LIBRARY BUREAU A88516